

Veterinary Reference For McDonough County Animal Shelter

101 East Tower Road
Macomb, IL 61455
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Fax: 309-836-2842
E-mail: mcas@macomb.com

Name(s) of client _____

Telephone # _____

Per our record review: **Names of animals seen (species) and dates wrote in below.**

_____ The last time we have seen animal(s) owned by this owner was _____

_____ We see the pet(s) listed under this owner on a regular basis and they are current on vaccinations and preventative health recommendations.

_____ We see the pet(s) listed under this owner for rabies vaccinations only.

_____ We have not seen any animals for this owner but they have made a commitment to provide necessary veterinary care.

_____ Other (please explain): _____

Signature of owner _____ Date _____

Name of person completing form: _____ Date: _____

Clinic: _____ Spoke to: _____

Address: _____

Phone # _____